	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 130 OF 133 (check only one)  17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) SCHAKOWSKY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial)  DEMOCRATIC CONGRESSIONAL CAN  Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR  City State WASHINGTON DC  Purpose of Disbursement Unlimited Transfer  Candidate Name  Office Sought: House Senate Primary President Other (s	Zip Code 20003	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	State: District: Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI  Mailing Address PO BOX 230			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State SYRACUSE NY  Purpose of Disbursement Contribution  Candidate Name DANIEL BENJAMIN MAFFEI  Office Sought:    House   Disbursement For   Senate   Primary   Other (se	General	Category/ Type	Amount of Each Disbursement this Period  1000.00  Transaction ID : SB21.6411
Э.	State: NY District: 24  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address P.O. BOX 23940			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
·		General	Category/ Type	Amount of Each Disbursement this Period  1000.00  Transaction ID : SB21.6413
SUBTOTAL of Disbursements This Page (optional)				

TOTAL This Period (last page this line number only).....